corpuscles nor evidence of blood-coloring matter present. The condition of the blood, even after several weeks' use of the remedy is normal. Although it is free from injurious after-effects, even after long-continued use, it is not an absolutely reliable remedy.—*Berliner klinische Wochenschrift*, 1893, No. 40, S. 966.

THE UNTOWARD EFFECTS OF ANTIPYRIN, ACETANILIDE, AND PHENACETIN.

DR. D. R. PATERSON, from a study of the reports of twenty-five physicians to the South Wales Branch of the British Medical Association, presents the following conclusions: *Antipyrin.* Large doses depress the nervous system, positive results varying from an unpleasant diaphoresis to severe collapse. Most of them may be referred to the action on the nervous system, producing exhaustion and collapse following the fall of temperature; and there may be disturbance of the circulation for the same reason, or secondarily from the effect on the blood-corpuscles and the production of methæmoglobinæmia. Other symptoms, such as affections of the skin and pronounced psychical disturbance, are more rare. Minor degrees of depression are represented by unpleasant diaphoresis, which may be so profuse as to prostrate the patient temporarily. Continued use of even small doses not infrequently leads to a condition in which the patient complains of having lost his energy, is disinclined to exert himself and becomes depressed mentally; in short, there is established an antipyrin habit. Blueness of the lips and face is one of the concurrent untoward effects, varying from that which is first perceptible to a deep cyanosis with profound collapse. *Acetanilide* has been very early abandoned by many practitioners because of the frequent onset of symptoms of intoxication and the alarming appearance which they sometimes assume. The consensus of opinion is that symptoms of depression and collapse are more readily produced and are more marked than with the other drug; and this may be explained by the fall of temperature being greater and more rapid. Most of the reports mention cyanosis, and to a greater degree than after antipyrin. Anæmia may be induced by its continued use and become a grave condition. *Phenacetin* is more free from ill effects than either of the other two substances. Its depressant action on the nervous system and heart is manifest only when very large doses are given, small amounts, taken frequently, being borne without ill effects. It is not, however absolutely free from unpleasant consequences. Eisenhart reports a case which presented the symptoms of palpitation, oppression, dulness of hearing, then nausea and vomiting. With the onset of sickness all traces of intoxication vanished, and the patient felt well. Skin eruptions, chiefly urticarial, are said to be met with.—*The Practitioner*, 1893, No. 304, p. 241.

THE ACTION OF STRONTIUM UPON RENAL PARENCHYMA.

DOTT. CESARE FALCONE notes the observation of Malbec, that the kidneys of a dog which had received the nitrate for nearly a month did not show any anatomical changes, although the liver contained a notable quantity of strontium. On the other hand, a dog which had taken the neutral tartrate for more than a hundred days, on necropsy was shown to have a certain degree of renal congestion. Experiments with the lactate (dogs) show that there is a gradual but clearly marked diminution in the amount of urine passed. On the thirteenth day a trace of albumin appeared, and ten days later the amount could be readily determined, and the increase was continued until a large percentage was reached. The urobilin steadily increased in amount until, at the fourteenth day, there was a true urobilinuria. Microscopical examination of the urine showed granular and hyaline casts and red blood-globules. All of the facts point to an irritative process going on in the kidneys. Careful microscopical examination of the kidneys, after removal by necropsy, demonstrates beyond doubt that this remedy in long-continued administration produces an initial form of nephritis.—*La Riforma Medica*, 1893, No. 205, p. 651.

THE TREATMENT OF SECONDARY SYPHILIDES.

DR. ALFRED FOURNIER believes that mercury is the specific *par excellence* in the treatment of these conditions. On the contrary, potassium iodide exercises an influence infinitely less potent. Of the mercurials he prefers, as most certain and efficacious, the sublimate and the protiodide; the former being especially reserved for tertiary manifestations, while the protiodide is better adapted for the conditions under discussion. The dose should be average ones, and indeed active, as one and a half grains for a man, a quarter of a grain less for a woman. Although in these conditions choice can be made between exclusively general and local treatment, reliance should be placed chiefly upon the former, although both are useful. The general treatment is directed not only to the lesion but to the disease as well; it for the present cures and for the future is a safeguard. If the general treatment alone suffices it is useless to impose upon the patient the external treatment. If in certain forms the internal treatment is impotent to cure rapidly, then external methods can be resorted to for relief, and to destroy at the same time the active centres of contagion.—*Revue générale de Clinique et de Thérapeutique*, 1893, No. 35, p. 545.

THE COMPARATIVE ACTION OF IODOFORM UPON THE STAPHYLOCOCCUS AND UPON THE BLOOD CORPUSCLES.

DR. E. MAUREL has attempted to reconcile the contradictory views held by biologists and clinicians concerning iodoform. It was found that the drug is not poisonous for leucocytes, but, on the contrary, their activity is increased in a manner proportional to the dose employed. But at the same time there is the same action upon them as in febrile temperatures, a compensation between the activity and the longevity of the leucocytes—one can only increase at the expense of the other. Even in large doses the drug is without action upon the red blood-corpuscles. So far as the drug acts upon the staphylococcus, the conclusion which has been reached by many other experimenters is now confirmed that it does not sensibly modify the reproductivity of the staphylococcus. When, at the same time, both the staphylococcus and the blood corpuscles are placed under the influence of iodoform, it has been found: 1. That it attenuates the virulence of the staphylococcus. 2. The